

Work Order ID 94157

94157

Page 1

November-30-12 9:32:23 AM

Item ID: D3166-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Basket Hoop

Stop

NS2

Start Date: 11/30/12

Start Qty: 16.00

16

Cust Item ID:

Required Date: 12/14/12

Req'd Qty: 16.00

16

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-12-03

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3166	Rev A1								
100		0.00							
100									
Large Fab	Memo	0.00							
Large Fab	Cut 3/4" x 3/4" square tubing 120.00" long.								
110		0.00							
110									
CNC Bend. I	Memo	0.00							
CNC Delta 100 Bender	Form D3166-3 Basket Hoop as per Dwg D3166 using Bending program 350 BASL, and Folio FT005								
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									

(6) SAD 13-02-11

(6) SAD 13-02-11

(6) B-02-11 DAS 09 89

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other	

Work Order ID 94157

94157

Page 2

November-30-12 9:32:23 AM

Item ID:	D3166-3	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:							
Item Name:	Basket Hoop					Stop *NS2*	
Start Date:	11/30/12	Start Qty:	16.00	*16*	Cust Item ID:		
Required Date:	12/14/12	Req'd Qty:	16.00	*16*	Customer:		
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <u>WIA</u>	0.00							<u>69 CC 13-02-11</u>
	Memo	0.00							
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release	0.00							<u>13/2/11 JJ</u> <u>MC</u> <u>13-2-11</u>
	Memo	0.00							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Picklist Print

November-30-12 9:32:23 AM

Page 1

Work Order ID: 94157

Parent Item: D3166-3

Parent Item Name: Basket Hoop

Start Date: 11/30/12

Required Date: 12/14/12

Start Qty: 16.00

Required Qty: 16.00

Comments: IPP A02.08.23New issueKJ

IPP Rev:B 09-01-23 as per DEO D3166-A2 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304TS0.750W.065 304 SQ Tube .75x.75x.065W		Purchased	No			100	f	1,678.1745	10	168.42105	500	1302-17	

Location	Loc Qty	Loc Code
MAT017	730.94	
122468	730.94	
WA006	915.0628	
123303	874.0628	
7636	41	
WA007	32.1717	
122051	32.1717	B

M 123 303 63 1579

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspector Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other

DARTCOPY ISSUED
TO

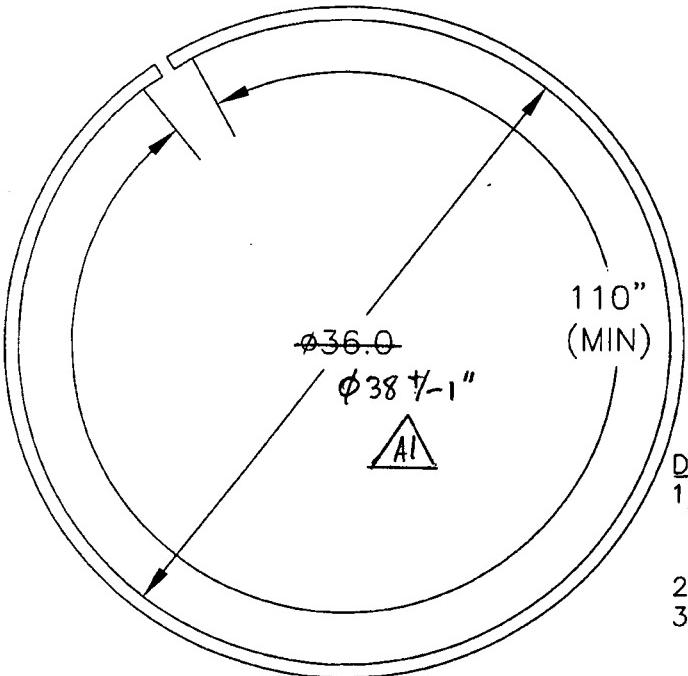
DESIGN #	DRAWN BY GP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
CHECKED #	APPROVED #	DRAWING NO. D3166 REV. A
DATE 02.07.10		SHEET 1 OF 1
		TITLE SCALE
		BASKET HOOP NTS
A	02.07.10	NEW ISSUE
A1	04.04.08	38+/-1 was 36.0

RELEASED
02.08.06**DET ATTACHED**

10.6 (REF, NEED 8.0 MIN)

D3166-1 BASKET HOOP

- 1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 60.00" LONG
(REF DART SPEC. M304TS0.750W.063)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS
OTHERWISE NOTED



60-2121
04157 MUS

D3166-3 BASKET HOOP

- 1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 120.00" LONG
(REF DART SPEC. M304TS0.750W.063)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS
OTHERWISE NOTED

Copyright © 2002 by DART AEROSPACE LTD

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

94157

DRAWING NO. D3166	TITLE BASKET HOOP	REVA1	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D3166-A-2	SHEET NO. 1 OF 1	SCALE NTS
DRAWN DATE	AJS 08.12.11	CHECKED 08.12.15	MFG. APPR. 08/12/15	APPROVED 08/12/16	DE APPR. MD	
						DATE 08.12.16

1) MODIFY MATERIAL NOTE FOR D3166-1 AS SHOWN:

IS:

1) MATERIAL: AISI 304/316 SS, 3/4 X 3/4 X 0.065 WALL SQUARE TUBING,
60.00" LONG
REF. DART SPEC M304TS0.750W.065

WAS:

1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 60.00" LONG
(REF DART SPEC. M304TS0.750W.063)

2) MODIFY MATERIAL NOTE FOR D3166-3 AS SHOWN:

IS:

1) MATERIAL: AISI 304/316 SS, 3/4 X 3/4 X 0.065 WALL SQUARE TUBING,
120.00" LONG
REF. DART SPEC M304TS0.750W.065

WAS:

1) MATERIAL: AISI 304/316 SS SQUARE TUBING,
0.75" x 0.75" x 0.063 WALL, 120.00" LONG
(REF DART SPEC. M304TS0.750W.063)

RELEASED
08/12/16 MD

REASON: SEE PAR 08-005